



DIVISION OF HEALTH AND MEDICAL SERVICES

Community Health Services
Disease Prevention
Family Health
Health Promotion
State Epidemiologist

MEMORANDUM 2008-09

TO: All Vaccine Providers

FROM: Tim Heath
Immunization Program Coordinator

DATE: 10/20/2008

RE: Vaccine Updates

Dear Vaccine Providers:

Due to a decrease in federal funding; effective November 1, 2008 the Department of Health will cease providing Hepatitis A vaccine universally. The Department of Health continues to target vaccines to the highest risk populations, and VFC eligible children will continue to be eligible to receive Hepatitis A vaccine. Non-VFC children that have received the first dose prior to November 1 will still be able to receive the second dose. Any Hepatitis A vaccine you have received prior to November 1 can be used universally, **vaccine received after November 1 can only be used on VFC eligible children.** I have enclosed an updated vaccine eligibility chart.

I have recently had a few questions on the definition of underinsured. An underinsured child is a child who has health insurance but the coverage does not include vaccines, a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only) or a child whose insurance caps vaccine coverage at a certain amount. Once that amount is reached, the child is categorized as underinsured. Children whose health insurance covers the cost of vaccinations are not eligible for VFC vaccines, even when a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met. Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), or Community Health Nurse (CHN) office.

I have also received some inquiries about what reports are required to be submitted to the state. The Doses Administered and the Clinic Inventory List produced from the SDIIS

must be received at the central office by the 5th of each month for the previous month. The Clinic Inventory List must have the refrigerator count section filled in. Clinic inventory lists that do not have the proper information recorded on the form will not be accepted and could cause your order to be delayed. The purpose of the clinic inventory list is to compare the clinic vaccine inventory count produced from the SDIIS with your refrigerator count. This requires you to conduct a physical count of your clinic's vaccine each month and record this information in the refrigerator count column of the clinic inventory report. Both of these reports are produced by clicking on the print reports tab, and are found on the upper right hand corner of the screen under the inventory section heading. If you do not use SDIIS a paper form for Monthly Doses Administered on which you can record both the doses administered and current inventory is available.

MedImmune is offering free replacement of FluMist vaccine that has expired and was purchased off of the CDC contract. Any FluMist that you have ordered from the state's Immunization Program would qualify. Enclosed are the instructions and forms needed to complete the process.

Lastly I have enclosed two pocket guides for your facility. The first is the 2008-09 Influenza Vaccination Pocket Information Guide, and the second is the Pneumococcal Polysaccharide Vaccination Guide. I hope you find these tools useful. If you would like more copies of either of the guides please email Summer at Summer.Falzerano@State.SD.US. Please include your provider number in the email.

If you have any questions or concerns please contact me at 605-773-5323 or by email at Tim.Heath@State.SD.US.

Sincerely,

Tim Heath

STATE CHILDHOOD IMMUNIZATION PROGRAM VACCINE ELIGIBILITY CHART

Vaccine	Those eligible for State-supplied Vaccine
DTaP (diphtheria/tetanus/acellular pertussis)	All children under 7 years of age.
DT (diphtheria/tetanus)	All children under 7 years of age with contraindications for pertussis.
Pediarix (diphtheria, tetanus, acellular pertussis, inactivated polio, and hepatitis B)	All VFC eligible children under 7 years of age.* Pediarix is approved for <u>first three doses of DTaP and IPV series only</u> .
Td (tetanus/diphtheria)	All children 7 years through 10 years of age.
Tdap	All children 11 and 12 years of age. May also be given to VFC-Eligible children 11 through 18 years of age.*
Hib (Haemophilus Influenza B)	All children under 5 years of age for first three doses. The 4 th dose is limited to high risk children: children with asplenia, sickle cell disease, human immunodeficiency virus infection, and certain other immunodeficiency syndromes, and malignant neoplasms, and American Indian/Alaskan Native children.
DTaP-Hib (combination vaccine)	Unavailable.
IPV (inactivated polio vaccine)	All children 2 months through 18 years of age.
MMR (measles/mumps/rubella)	All children 12 months through 18 years of age.
Hepatitis B	All children-birth through 18 years of age. If the series is started at age 18 the patient may finish series at age 19.
Hepatitis A	All VFC-Eligible children 12 months through 18 years of age.* The two doses in the series should be administered at least 6 months apart.
PCV7 (Prevnar)	All children under 5 years of age.
Varicella (chicken pox)	All children 12 to 15 months and 4 to 6 years of age. May also be given to VFC-eligible children 12 months through 18 years of age. *
Meningococcal (MCV4)	All VFC-eligible children 11 through 18 years of age.*
Rotavirus	All VFC-eligible age appropriate children: This <u>oral</u> 3-dose series should be started at 6 – 12 weeks of age with subsequent doses given at 4 – 10 week intervals. Do not give this vaccine to an infant > 32 weeks of age.*
Human Papillomavirus (HPV)	All SD females 12 years of age. All VFC-eligible females 11 through 18 years of age. * All SD females 11-18 years of age that began the series in 2007 can finish the series in 2008 with the free state provided vaccine. If the patient turns 19 before finishing the series she can also finish the series with the free state provided vaccine.
Influenza	All children 6 months through 18 years of age.

* VFC-Underinsured need to receive their immunization at a FQHC/RHC/CHS facility. Non-VFC children will need to receive "privately purchased" vaccine. Revised 10/20/2008



TO: Immunization Provider or Grantee

RE: FluMist® Replacement Program

This letter is to inform you of the FluMist® Replacement Program for vaccine purchased through the CDC contract for the 2008-2009 season ("Replacement Program"). The Replacement Program allows for the replacement of unused, expiring FluMist doses, at no cost, to help you maximize vaccination opportunities. MedImmune has contracted with McKesson Specialty Distribution for implementation of this replacement program. This contract is between MedImmune and McKesson and is separate from CDC's contract for centralized vaccine distribution. The Replacement Program requirements are listed below:

- FluMist doses must be purchased through the CDC contract and must expire on or before January 30, 2009 to be eligible for the Replacement Program.
- Product must be used on a first-to expire- first-used basis to be eligible for the Replacement Program.
- Providers and/or Grantees have from 15 days prior to the expiration date stamped on the sprayer until January 30, 2009 to request replacement doses.
- Requests for replacement doses by Providers or Grantees will be accepted until close of business on January 30, 2009. Requests for replacement doses after this date will not be honored. All requests should be faxed to McKesson Specialty at 800-289-9285.
- All expired/expiring doses must be received by McKesson by Friday, February 13, 2009. Replacement product will not be shipped until expired/expiring doses are received.
- Replacement Request Rounding:
 - All requests for replacement doses must be in multiples of 10 units of product. Requests not in multiples of 10 will be rounded down to the nearest multiple of 10. Rounding up is prohibited. This requires a new order.
 - There will be no credit for doses returned in excess of those shipped for replacement.

The process to request replacement product is outlined below:

- 1) Complete the attached Replacement Request Form and fax it to the number printed on the form (800-289-9285).
- 2) Place expiring/expired FluMist (in multiples of 10) in an appropriate mailing container. FluMist does not have to be returned cold.
- 3) Place copy of the Replacement Request Form in the mailing container with the FluMist.
Note: FluMist returned without the form will not be replaced.
- 4) Within 3 business days from receipt of request and verification of information, Federal Express will pick up the boxed FluMist from your location. A preprinted, prepaid label will be affixed to the mailing container and Federal Express will pick up and ship the package.
- 5) Upon receipt and verification of the expiring/expired doses with the replacement request form, replacement doses will be shipped at no charge to you.

If you have any questions regarding the Replacement Program, please call 888-606-3273.



FluMist® Replacement Program for CDC Contracted Vaccine

RETURN REQUEST

* Provider or Project Name:		* Total No. of Boxes:	
* Address:		Pin No: (optional)	
* City, State, Zip:		Contact * Phone #:	
Account # (For McKesson Use Only):		*Contact Name:	

Enclose a copy of this Form with the return shipment. Return Shipments without this Form will not be processed.

Lot #		NDC #		Expiration Date		# of Doses	In multiples of 10
Lot #		NDC #		Expiration Date		# of Doses	In multiples of 10
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Instructions:

1. Complete the above with required information; “*” information is REQUIRED.
 2. Fax this form to the McKesson Customer Service at Fax # **800-289-9285**
 3. This Form must be included in shipment. **Product returned without form will not be processed.**
 4. A McKesson Customer Service Representative will schedule a pick up with FedEx Ground.
 5. Expired FluMist should be packaged to assure no leakage of product; product does not need to be returned cold.
 6. If your product has not been picked up within 72 hours, please fax McKesson Customer Care.
- For Customer Service Use ONLY:**

RA #:	Replacement Order No:	FedEx Confirmation#: